

## Notification of RST Referral

The Regional Support Team (RST) will review your selection of services to assure you have received information about all options available to you, especially supports and services in the most integrated settings. The RST is composed of a variety of professionals with expertise serving individuals with developmental disabilities, including individuals with complex behavioral and medical needs. No action is required on your part. Any suggestions the RST offers will be shared with your support coordinator/case manager to be shared with you. If you would like an opportunity to speak with the RST, please let your support coordinator/case manager know.

Please complete the sections below so that the RST may confirm that you have been offered the following opportunities before making your choices.

**The following types of residential options were discussed with me (check all that apply):**

- ☐ Own Home   ☐ Leased Apartment   ☐ Family Home   ☐ Sponsored Home  
☐ Group Home (4 or fewer)   ☐ Group Home (5 or more)   ☐ ICF  
☐ Nursing Home   ☐ Training Center   ☐ Other: \_\_\_\_\_

**I selected the following options to interview & tour:** \_\_\_\_\_

**I have chosen to pursue** \_\_\_\_\_ **as my type of residential option.**

**The following types of employment/day options were discussed with me (check all that apply):**

- ☐ Self Employment   ☐ Individual Supported Employment   ☐ Group Supported Employment  
☐ Career Training/Education   ☐ Prevocational Services   ☐ Day Support  
☐ Volunteer   ☐ Retirement   ☐ Other: \_\_\_\_\_

**I selected the following options to interview & tour:** \_\_\_\_\_

**I have chosen to pursue** \_\_\_\_\_ **as my type of employment/day option(s).**

**Have you been offered the chance to talk with other individuals with ID/DD who live and work successfully in the community or with their family members?**

- ☐ Yes   ☐ No

**Were any of your preferred options unavailable? If so, which ones?** \_\_\_\_\_

**Is there anything additional you would like to share with the Regional Support Team?**

\_\_\_\_\_  
Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian or Authorized Representative (If applicable)

\_\_\_\_\_  
Date